Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised June 10, 2003

WELL API NO.
30-015-32808

5. Indicate Type of Lease
STATE ☐ FEE ☑

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
Harroun Com.

1. Type of Well:
Oil Well ☐ Gas Well ☑ Other

RECEIVED
OCT 29 2003
OCD-ARTESIA

8. Well Number
2

2. Name of Operator
Unit Petroleum Company

9. OGRID Number
115970

3. Address of Operator
P.O. Box 702500 Tulsa, Ok 74170

10. Pool name or Wildcat
Dublin Ranch - Morrow

4. Well Location

Unit Letter D : 660 feet from the North line and 1000 feet from the West line

Section 33 Township 22S Range 28E NMPM Eddy County

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3027' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPLETION	☐	CASING TEST AND CEMENT JOB	☐		
OTHER:			☐	OTHER:	☑		

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10-14-03 Turned well on to El Paso Pipeline @ 3:45 PM at a rate of 1100 mcf/d with 3200# ftp on a 7/64" choke.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kelly Ryan TITLE District Engineer DATE 10/20/03

Type or print name Kelly Ryan E-mail address: Telephone No. (918) 493-7700

(This space for State use)

APPPROVED BY FOR RECORDS ONLY TITLE DATE NOV 21 2003

Conditions of approval, if any: